

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

DATE RECEIVED  
AUG 20 2014

Permit #:	14-0419
Date:	11.3.14
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mathy Construction Co			P.O. Box 189		City/State/Zip: 54650	
Address of Property:		XXX S Gravel Pit Rd.			Iron River, WI 54847		Cell Phone: 715 492-0065	
Contractor:		Milestone Materials			715 268-2687		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-024-2-47-08-29-104-000-10000		Recorded Document: (i.e. Property Ownership) Volume 1125 Page(s) 777				
SE 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
Section 29, Township 47 N, Range 8 W							Lot Size	Acres 40
Town of: Iron River								
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
		with Attached Garage	( X )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/> Municipal Use				
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
NOV 03 2014	<input checked="" type="checkbox"/>	Conditional Use: (explain) Re-new Newmetallic Mine	( X )	
Secretarial Staff	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the deed, all owners must sign or letter(s) of authorization must accompany this application)

\* Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Milestone Materials, c/o Gandy Anderson

768 US Hwy 8, Amery, WI 54001

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date

8/18/2014

Attach

Copy of Tax Statement  
Copy of Tax Statement  
Recorded Deed





Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

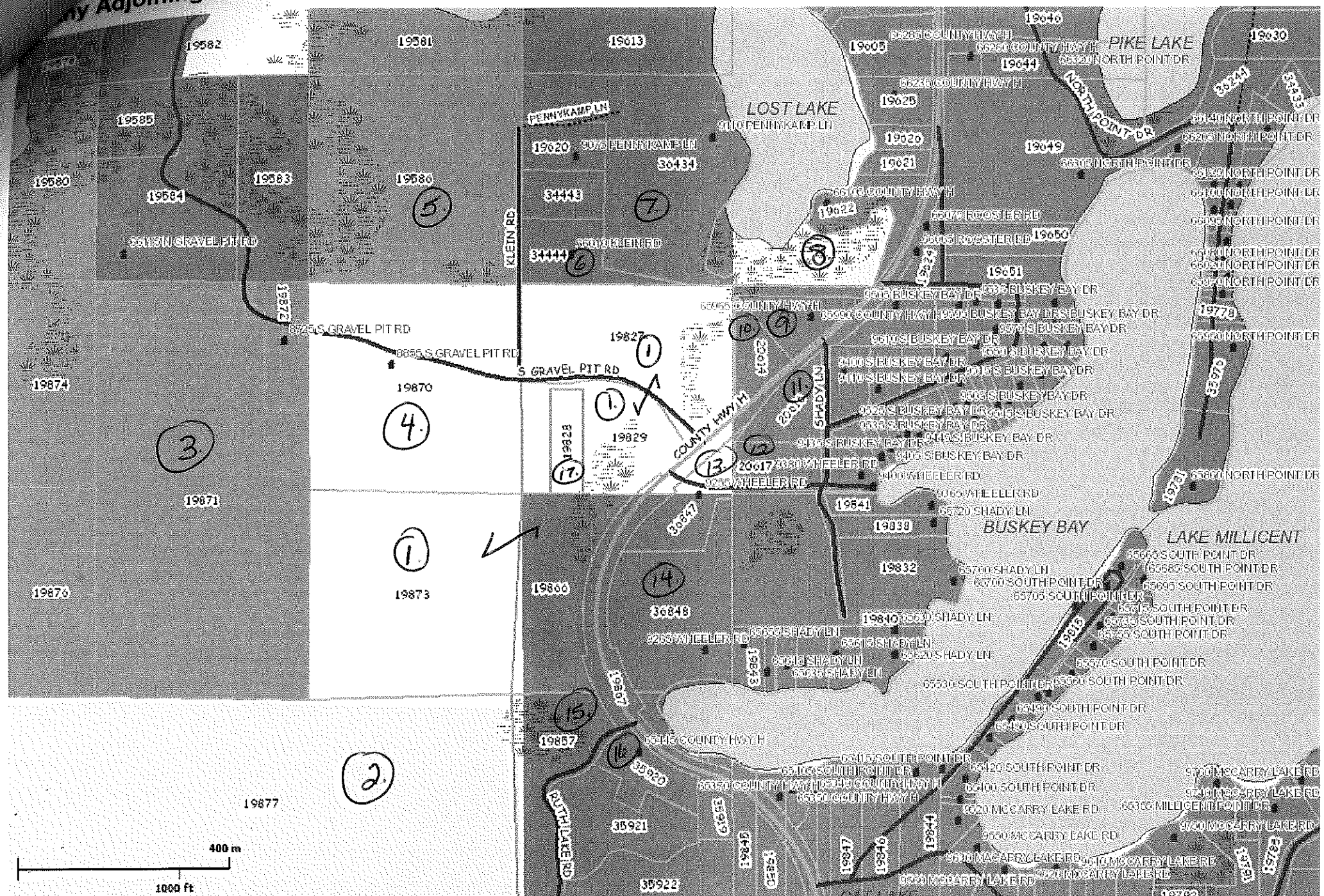
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of Bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:						
Permit #: 14-0419		Permit Date: 11-3-14						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District Lakes Classification (N/A)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Date of Inspection: 9-10-14		Inspected by: M. Fuchale						
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)								
Signature of Inspector: <i>See affidavit &amp; 20 minutes</i> <i>Michael Stute</i>								Date of Approval: 9-13-14
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input checked="" type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>



# Field County, WI

## Adjoining Property Owners Map





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date sent (Received)  
OCT 16 2014  
Bayfield Co. Zoning Dept.

Permit #: 144420  
Entered Date: 11.3.14  
Amount Paid: \$75 10.16.14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER															
Owner's Name: CLARENCE B. PETERSON		Mailing Address: 8125 US HWY 2		City/State/Zip: 1720N RIVER, WIS. 54847		Telephone: 868-258-0990									
Address of Property: 8140 US HWY 2		City/State/Zip: 1720N RIVER, WIS. 54847		Cell Phone: Same		Plumber Phone:									
Contractor: SELF		Contractor Phone:		Plumber:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) Volume 1129 Pages 967									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-024-2-41-08-08-300-112-28060		Subdivision: Hessey's Add to I.R.									
1/4, 1/4		Gov't Lot		Lot(s)		Vol & Page		Lot(s) No.		Block(s) No.		Volume		Pages	
Section 8, Township 47 N, Range 8 W		Town of: From River		Distance Structure is from Shoreline: feet		Is Property In Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: feet		Is Property In Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$ 6,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	Specify Type: _____	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( X )	
	<input type="checkbox"/>	with a Porch	( X )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( X )	
	<input type="checkbox"/>	with a Deck	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/>	with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify)	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) garage	( 28 x 40 )	1120
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	( X )	
OCT 22 2014	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct, and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. (We) am (are) consenting in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any purpose type for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

8125 US Hwy 2, Iron River, WI 54847

Copy of Tax Statement

Attach

NEEDS SPECIAL USE

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

IF YOU RECENTLY PURCHASED THE PROPERTY SEND YOUR RECORDED DEED



- Sketch your Property (regardless of what you are applying for)
- Location of: Proposed Construction  
Show / Indicate: North (N) on Plot Plan  
Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	108' Feet	Setback from the Lake (Ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	15' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	16' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	74' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	28' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings, ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:				
Permit #: 14-0420	Permit Date: 11-3-14		City		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming					
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Zoning District (G) Lakes Classification (NA)	
Inspection Record: Slab was poured.		Date of Re-Inspection:			
Date of Inspection: 10-17-14		Inspected by: M. Fuchs		Date of Approval: 10-17-14	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, they need to be attached.) May not be used for human habitation.					
Signature of Inspector: Michael Fuchs		Date of Approval: 10-17-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
AUG 21 2014  
Bayfield Co. Zoning Dept.

ENTERED  
\$125  
Permit #:  
Date:  
Amount Paid: \$125  
Refund:  
Show Location of:  
Show / Indicate:  
Show:  
Show any (\*):  
Show any (\*):

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Clarence B. Peterson		8125 US Hwy 2		Iron River, WI 54847		Telephone: 808
Address of Property:		8140 US Hwy 2		City/State/Zip:		Iron River, WI 54847		Cell Phone: 258-0990
Contractor:		self		Contractor Phone:		Plumber:		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-024-2-47-08-08-300-193-3800		Recorded Document: (i.e. Property Ownership) Volume 1129 Page(s) 967				
	1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Hessey's Addition
Section 8, Township 47 N, Range 8 W		Town of:		Iron River		Lot Size		Acres .344
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$12,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( 54 x 32 )	1728	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	Duplex		
	<input type="checkbox"/> with Loft	( )		
	<input type="checkbox"/> with a Porch	( )		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( )		
	<input type="checkbox"/> with a Deck	( )		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( )		
	<input type="checkbox"/> with Attached Garage	( )		
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )		
	<input type="checkbox"/> Mobile Home (manufactured date)	( )		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	( )		
	<input type="checkbox"/> Accessory Building (specify)	( )		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )		
	<input type="checkbox"/> Special Use: (explain)	( )		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Conditional Use: (explain)	( )		
	<input type="checkbox"/> Other: (explain)	( )		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of the information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Clarence B. Peterson  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement  
SENT BY  
COUNTY



Your Property (regardless of what you are applying for)

- Indicate:  
Location of (\*):  
Show:  
(5) Show:  
(6) Show any (\*):  
(7) Show any (\*):
- Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W), (\*) Septic Tank (ST), (\*) Drain Field (DF), (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake, (\*) River, (\*) Stream/Creek, or (\*) Pond  
(\*) Wetlands, or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
US Hwy 2			
Setback from the Centerline of Platted Road	10.3 Feet	Setback from the Lake (ordinary high water mark)	NA Feet
Setback from the Established Right-of-Way	6.3 Feet	Setback from the River Stream Creek	NA Feet
Setback from the North Lot Line	39.4 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	12 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	58 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

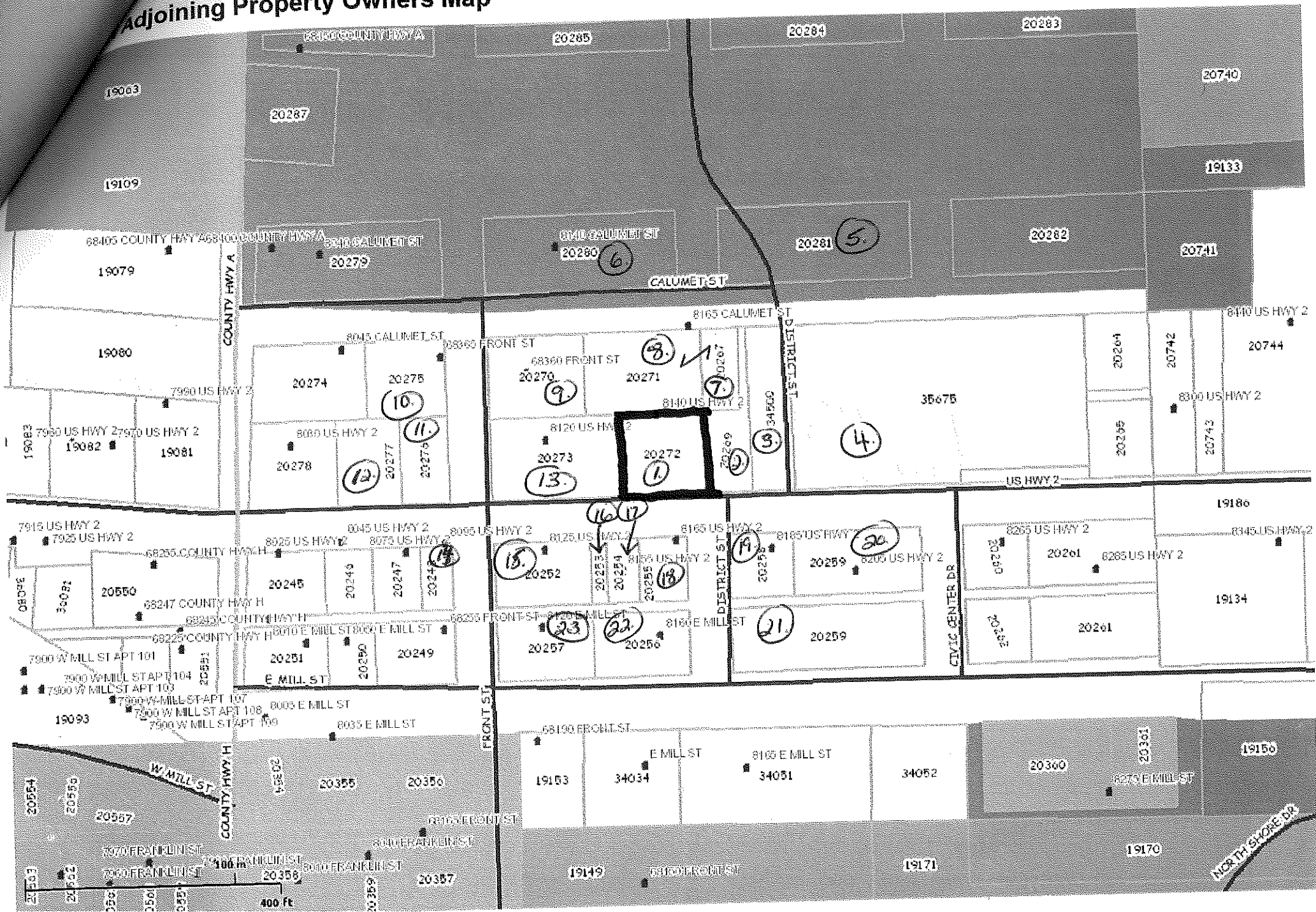
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #:		Permit Date:					
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>Structure is existing.</i>						Zoning District (C) Lakes Classification (NA)	
Date of Inspection: 8-26-14		Inspected by: MM. Furek				Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)							

Signature of Inspector: <i>Michael Furek</i>		Date of Approval: 8-27-14	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>







SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd (Received)  
NOV 03 2014  
Bayfield Co. Zoning Dept.

117 + \$100 = \$217  
ENTERED  
Permit #: 14-0428  
Date: 11-4-14  
Amount Paid: \$217 11-4-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Linda R. McCallister Higgins Trust</u>	Mailing Address: <u>3330 Glen Goring Ct, #202, Bonita Springs, FL</u>		City/State/Zip: <u>34134</u>		Telephone: _____		
Address of Property: <u>66255 Hart Lake Rd</u>	City/State/Zip: <u>Iron River, WI 54847</u>		Cell Phone: <u>239 465-1008</u>		Plumber Phone: _____		
Contractor: <u>Lee Johnson</u>	Contractor Phone: _____		Plumber: _____		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Michael S. Higgins</u>	Agent Phone: <u>339-465-1008</u>		Agent Mailing Address (include City/State/Zip): <u>3330 GLEN GORING CT #202 BONITA SPRINGS FL 34134</u>		Recorded Document: (i.e. Property Ownership) Volume <u>958</u> Page(s) <u>427</u>		
PROJECT LOCATION	Legal Description: (Use Tax Statement) <u>Part of 1/4, 3</u>		PIN: (23 digits) <u>04-044-2-49-08-23-3 05-023-0000</u>		Subdivision: _____		
1/4, _____	Gov't Lot <u>3</u>	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section <u>22</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>		Lot Size		Acreage <u>.780</u>		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?	If Yes—Continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes—Continue →	Distance Structure is from Shoreline: <u>180</u> feet		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>39,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Accessory Building (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>shed stall</u>	( <u>12</u> X <u>33 3/4</u> )	<u>295.75</u>
<input type="checkbox"/> Municipal Use	Rec'd for Issuance		
	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
NOV 04 2014			
Secretarial Staff <input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

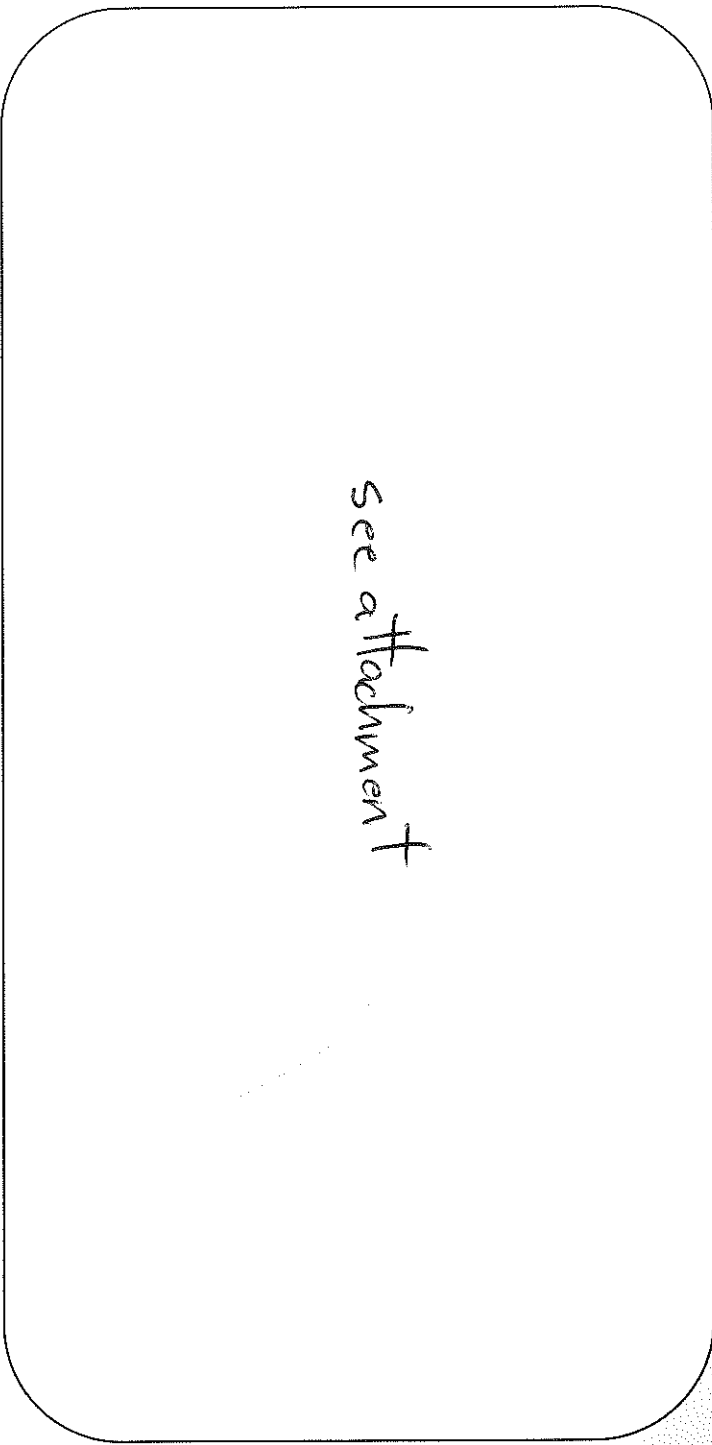
Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed, an Owner must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Michael S. Higgins Date 9/9/14  
(If you are signing on behalf of the owner, a letter of authorization must accompany this application)  
Address to send permit same as above Attach \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed \_\_\_\_\_



295. Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:  
(2) Show / Indicate:  
(3) Show Location of (\*):  
(4) Show:  
(5) Show:  
(6) Show any (\*):  
(7) Show any (\*):

Proposed Construction  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%



See attachment

Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	114 Feet	Setback from the Lake (ordinary high-water mark)	130 Feet
Setback from the Established Right-of-Way	180 Feet	Setback from the River, Stream, Creek	50 Feet
Setback from the North Lot Line	53 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	65 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	130 Feet	20% Slope Area on property	40 + <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	114 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	15 Feet
Setback to Drain Field	28 Feet	garage	8 Feet
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 247261	# of Bedrooms: 2	Sanitary Date: 8-18-95		
Permit Denied (Date):		Reason for Denial:				
Permit #: 140428		Permit Date: 11-4-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:				

Inspection Record:  
Slab is existing. No increase in impervious surface.  
Date of Inspection: 9-29-14 Inspected by: M. Fuchs  
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.)

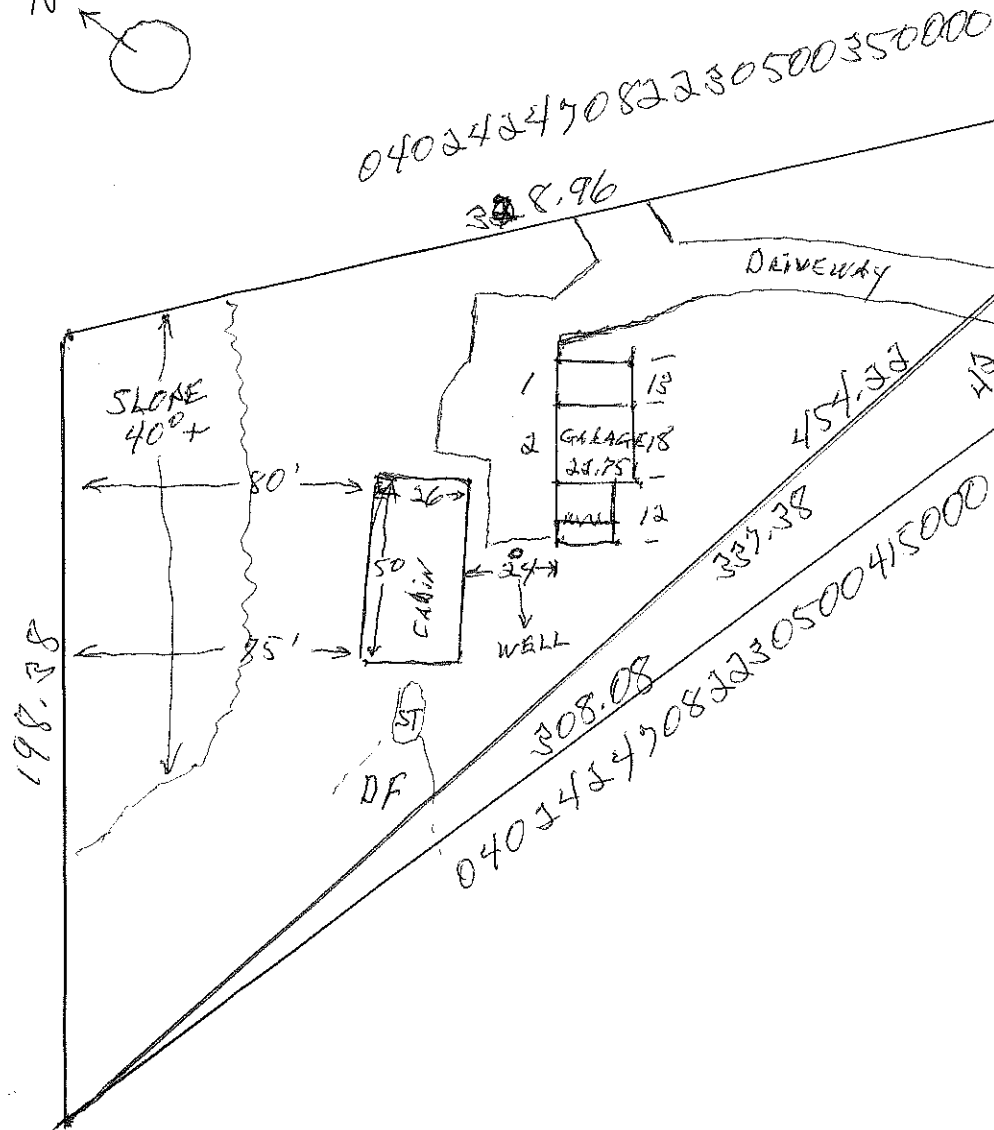
Signature of Inspector: Michael Fuchs		Date of Approval: 10-9-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: \$217		Flows + Loads OK.



HART LAKE ROAD



Lake Michigan



Proposed Construction:

- \* 1. Add SECOND GARAGE stall
- \*\* 2. Add SECOND FLOOR ABOVE TWO GARAGE STALLS
- \* SLAB ALREADY IN PLACE
  - 13 FEET wide
  - 22.75 FEET DEEP
- \*\* NO PLUMBING, PRIMARY WELD IS STORAGE, ELECTRICAL ALREADY IN PLACE

storeroom  $12' \times 12.5' = 150$   
 garage  $18' \times 22.75' = 409.5$   
 parking area  $65' \times 23' = 1,495$   
 $28' \times 16' = 448$   
 driveway  $10' \times 110' = 1,110$   
 residence  $55' \times 32' = 1,760$   
 addition  $13' \times 22.75' = 295.75$

below: Dr  
 (1) Show  
 (2) Show  
 (3) Show  
 (4) Show  
 (5) Show